

RECIPIENT NEWSLETTER

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Disease Management Program

North Dakota Medicaid will soon be implementing a new Medicaid Health Management Program focusing on Disease Management. Targeting four major chronic illnesses: Diabetes Mellitus, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, and Asthma.

Disease management programs utilize care-management nurses to assist in the overall improvement of one's health, especially those with chronic illnesses. This is done through the coordination of medical care with the recipient and their health care team, including providing education about the illness to better manage improved outcomes and avoid hospitalizations, and ensuring that the care required treating the disease is provided effectively and efficiently.

Buy-In For Children

The Family Opportunity Act, enacted as part of the Deficit Reduction Act of 2005, created a new optional Medicaid eligibility group for children with disabilities. This new group allows families of disabled children under age 19 to buy-in to Medicaid.

During the 2007 legislative session, SB 2326 passed authorizing the Department of Human Services to implement this optional coverage group. The Medical Services Division has begun the development process, and anticipates that it will be available in 2008.

Phone Scam!

It has been reported that some Medicaid clients are receiving phone calls from someone in Nevada who says the individual will be getting a new Medicaid card. The caller then asks a lot of questions and wants bank account numbers and other personal information.

If you receive any phone calls requesting information such as your date of birth, social security number, bank account numbers, **DO NOT** give out any information. Please contact Consumer Protection at 328-3404 or 1-800-472-2600.

Only your Eligibility Worker can generate a new Medicaid card for you. If you have questions about your Medicaid cards, please address them to your Eligibility Worker.

Frequently Asked Questions

Insurance Coverage

If I have other insurance coverage through an employer or as a dependent of a working parent or spouse, will Medicaid pay for services?

Yes, but your insurance is the first source for payment. The medical provider must bill your insurance carrier first before billing Medicaid. You are responsible for reporting insurance coverage to your county worker and the medical provider.

Should my primary care physician (PCP) in Medicaid and my PCP in my other insurance be the same?

Yes. Your insurance is the first source of payment. Medicaid requires that you follow your insurance guidelines, for coordination of benefits.

The provider I went to does not participate with insurances. Do I have to pay the difference if Medicaid denies the bill?

Medicaid is the payer of last resort. Except in emergency situations, you must use all available resources first.

If I am covered by an insurance plan, do I need to follow the insurance plan requirements?

Yes, if you are covered by insurance, you must follow the requirements of that plan. Medicaid may not pay for any part of the service if the insurance requirements are not followed.

Why must I report accidents (auto, home, business) to my county social service office?

Anyone receiving medical assistance must report accidents to their county social service worker as soon as possible after the accident because there may be other third parties who are responsible for payment of the medical care. When you become eligible to receive medical assistance, you automatically assign insurance benefits to the State. The state has the right to collect any medical bills paid on your behalf from the insurance company or responsible party.

Pharmacy

What should I do when my recipient liability is reduced and I have already paid for my medications?

When recipient liability is reduced for previous months, the Department of Human Services will review claims that have been processed with recipient liability applied. The department will pay the provider and instruct the provider to reimburse you. This process may take up to six weeks to complete. Neither the recipient nor the provider should initiate action.

Does Medicaid pay for prescriptions purchased by mail order?

Yes, if the pharmacy filling the mail order prescription is a North Dakota Medicaid enrolled provider, Medicaid will pay the claim. Medicaid will not reimburse a Medicaid recipient for prescriptions that were paid for by the recipient.

What is the maximum amount of medication I can receive at one time?

Medications are limited to a one-month supply. Claims submitted to Medicaid with days supplied greater than one month are denied. This policy has been put into effect to reduce the amount of medication that is wasted due to changes in medication therapy.

I have had an organ transplant. I have Medicare and Medicaid Coverage. Will Medicaid pay for my prescriptions (immunosuppressive drugs)?

Medicaid does cover immunosuppressive drugs after Medicare has paid all benefits available for the service. Medicare beneficiaries who have had a Medicare approved transplant may receive 36 months of Medicare benefits for immunosuppressive drugs. Medicare may also extend that coverage for an extra 8 months. You must request this coverage through Medicare and follow their procedures to obtain coverage.

I have medical insurance in addition to Medicaid. My doctor has prescribed birth control pills for pre-menopause and irregular menses. Will Medicaid pay for this prescriptions even if my insurance company does not?

Some insurance companies pay for birth control pills when they are prescribed to treat a medical condition or symptoms such as osteoporosis, hot flashes, pre-menopause, irregular menses, etc.

Frequently Asked Questions -- Continued

You will need to have your doctor submit a prior authorization to your insurance company. Medicaid does cover birth control pills but you must use all available resources prior to Medicaid.

Emergency Room Services

When should I seek services from a hospital emergency room?

When you have an emergency medical condition, go to the nearest doctor or hospital. An emergency medical condition is a condition that could result in serious harm or would place your health in danger. If you are pregnant, this includes your health and your unborn child.

Examples of what would NOT be considered an emergency are:

- Headaches, including migraines, which occur on a regular basis
- Refills on medications
- Constipation or menstrual cramps
- Missing a clinic appointment or inability to schedule a clinic appointment
- Chronic pain

Do I need a referral or prior authorization for an emergency medical condition?

You do not need a referral or prior authorization for an emergency. If you need emergency care, go to the nearest doctor or hospital.

Is there a co-payment for emergency room services?

If you use an emergency room for emergency service, there is no co-payment. If you use an emergency room for urgent or primary care services, you will be charged a \$6.00 co-payment.

What is primary care?

Primary care is general care provided by a family practitioner, pediatrician, or internist. You should not go to an emergency room for primary care.

Ambulance Services

When is it appropriate to use an ambulance?

Ambulance services are meant to provide transportation and care when a person has an emergen-

cy medical condition.

When does Medicaid cover ambulance services?

North Dakota Medicaid covers ambulance services provided for an emergency medical condition. For non-emergency medical conditions, other methods of transportation must be used. If you use an ambulance for a non-emergency, you will be responsible for the ambulance charges.

Vision

How often can I obtain an Eye Exam?

If you are under age 21, you may have an eye exam each year. If you are 21 years old or older, you are limited to one eye exam every three years. If it is medically necessary to have an eye exam more often, your optometrist will need to have prior authorization from the Department.

How often can I obtain a new pair of frames and lenses?

If you are under 21 years of age, you may obtain a new pair of frames and lenses every year. If you are 21 or older, you may receive a new pair of frames and lenses every three years. If it is medically necessary to have new lenses before that time, your optometrist will need to obtain prior authorization from the Department.

Can I select frames that are not Medicaid approved?

You can select frames of your own choosing, but you will be responsible for the cost of the frames if the frames are not Medicaid approved.

Can I get contacts?

Yes, through prior authorization when medically necessary. For more information on what vision services are covered, check it out on the web at: <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/optometric-manual.pdf>.

If you order non-covered items, you will be responsible for paying the provider.

Can I receive replacement or repair of frames or lenses?

If you are under age 21, Medicaid will cover the cost of the replacement or repair of your glasses.

Out-Of-State Services - Change in Procedures

In order to better utilize staff and to better serve you, calls concerning authorizations for Out-of-State Services will now be handled in the following manner:

- Calls to check on the status of referrals will be forwarded to Provider Relations.

- Calls to check if a referral has been submitted should be made to your physician.

These changes will allow more efficient processing of requests for referral of out-of-state services. Thank you for your patience with this change.

Waiver for Medically Fragile Children

The 2007 Legislature approved Senate Bill 2326 that allows for a new Medicaid waiver for children with extraordinary health care needs. A waiver for Medically Fragile Children has been written and will be submitted to the Centers for Medicaid and Medicare Services (CMS). If approved by CMS, implementation is tentatively scheduled for November 1, 2007.

This waiver will provide assistance with environmental modification, equipment/supplies, individual/family counseling, in-home supports, institutional respite, nutritional supplements, pediatric specialty services, and transportation for families who require long term supports and services to help maintain a medically fragile child in a family home setting while meeting the child's unique medical needs.

Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC is a federal nutrition program for pregnant and breastfeeding women, infants, and children younger than 5 and is available in all counties in North Dakota. WIC offers healthy food for proper growth and development, and helps families

choose healthier ways of eating, and provides and information, counseling, and support.

For more information or to find the nearest WIC office near you please call 1-800-472-2286 or go to <http://www.ndhealth.gov/wic>.

DHS Privacy Practices

Please note that you can obtain a copy of the DHS Notice of Privacy Practices several ways:

- ♦ Contact Medical Services at (701) 328-2321
- ♦ Contact any County Social Service office
- ♦ Contact the Department of Human Services at (701) 328-1814
- ♦ View Notice of HIPAA Privacy Practices at: <http://www.nd.gov/dhs/misc/hipaa-privacy.html>.

The North Dakota Department of Human Service does not discriminate on the basis of race, color, national origin, age, sex, religion, political affiliation, disability, or status with respect to marriage or public assistance.

This publication is available in an alternative format through the North Dakota State Library, Disability Services Division, to those people who qualify for the Talking Book Program. (1-800-843-9948 or local 328-1477)

If you have questions or concerns that you would like us to address in future newsletters, please call the Medical Services Division at 1-800-755-2604.

We're on the Web! See us at:

- ♦ <http://www.nd.gov/dhs/services/medicalserv/medicaid/>